



# Activity Registration



Household LAST NAME

Household FIRST NAME

MAILING ADDRESS

CITY

ZIP

PHONE: HOME ( )

WORK ( )

EMERGENCY ( )

☐ VISA☐ MC

Email address: \_\_\_\_\_

☐ CASH☐ CHECK

CHECK # : \_\_\_\_\_

REC'D BY: \_\_\_\_\_

## PARTICIPANT INFORMATION

Participant First Name	Last Name	DOB	gender	Activity Name	Activity #	Fee
		/ /	M F			
		/ /	M F			
		/ /	M F			
		/ /	M F			

### PARTICIPANT RELEASE

TOTAL FEE: \_\_\_\_\_

I, the below signed as an adult (or the parent of), do hereby release the City of Delta, its agents or employees, from liability for any injuries or damages which may result to myself (my child) as a result of the participation of myself (my child) in the City of Delta Recreation Program. Further, the applicant agrees to save and hold harmless the City of Delta, its officers, agents, or employees, for any damages or personal injury which may result from activities occurring on the property of the City of Delta which is used in conjunction with the Delta Recreation Program

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## UMPIRING CLINIC

Registration Deadline is November 12!

We need a minimum of 4 by the deadline for the class to run.

Check	Division	Day	Time	Activity #	Fee
	Ages 13 & older	Mon-Wed Nov. 16-18	5:30-7:30pm	201507-A	\$10

Mail registration to: 530 Gunnison River Dr. Delta, CO 81416  
For Questions call Bill Heddles Recreation Center 874-0923